## More Quality Management: Practical Next Steps

North Carolina Quality Management Conference August 22, 2007

## **Key Points**

- Reviewing conference information
- Bringing it home
- Next steps for fulfilling your role & enhancing collaboration

## **Reviewing Conference Information**

### Remember Reform Goals

- Individual benefits from services
- Effective use of public resources to sustain & improve those individual benefits
- Accountability for all parties
- Empowerment for all parties & staff to contribute to quality management & improvement

## **Know Your Role**

#### **CFAC Role**

- Identify, articulate & share outcomes most important to consumers to other partners
- May begin with individual stories & experiences but must expand to system expectations & trends
- Lobby for data-driven system change

#### **Provider Role**

- Design & implement processes to delivery services according to service definitions, core rules, standards, policies, and local interpretations
- Collect & interpret data, both internal & external
- Share data with other partners

#### **LME** Role

- Provide structure for local system
- Operationalize legislative mandates, core rules, local policies
- Monitor providers & services
- Collect additional data (internal & external)
- Analyze and manage data to improve the overall system
- Share data & collaborate with other partners

### **Division Role**

- Interpret & communicate core rules, service definition implementation, and legislative requirements
- Set state-wide policies, standards, and flows
- Warehouse comprehensive, state-wide data
- Analyze, manage, and share data with other partners
- Be accountable for overall system compliance

## **Practical Next Steps**

# Internal Quality Management For All Organizations

## **QM Committee for Organizations**

- Quality Management Committee reports to the CEO
- Membership includes medical / clinical director, key executive, mid-level, and front-line staff, consumers
- Has clearly defined & written purpose, structure, goals, objectives, processes
- Clear closed information & improvement loops

#### Access

- Precise definitions & standards for what & how quickly your "customers" need things from you (services, returned phone calls, answers, reimbursements, information, reports, etc)
- Clearly defined ways to collect, review & share data; examples might include phone data, documented logs between requests & responses

### **Customer Service**

- Clear, measurable definitions for customer service for each work unit (direct service, administrative, support, IT, etc)
- Examples might include "customer" surveys about response time, helpfulness, courtesy; trending of individual incidents; feedback from "customer" participants on committees

### **Staff-Related Indicators:**

- Clear policies & practices (processes, responsibilities, timeframes) regarding job descriptions, hiring, credentials, performance expectations, administrative & clinical supervision, and performance reviews
- Productivity
- Data & trend analyses of those policies & practices
- Routine collection & review of staff retention data, including exit interview data
- Routine collection, review & use of staff satisfaction data, for example the Q12

## **Quality Culture**

- Quality related items routinely included in Board agendas in meaningful ways, particularly organizationwide trends rather than individual incidents
- Quality related items routinely included in management
   & staff meetings in meaningful ways
- Everyone in the organization knows current goals & objectives (knows what they are, how data currently looks, improvement efforts underway, milestones, etc)
- Everyone understands his/her part in operationalizing quality standards & measurements
- Everyone knows bad news is okay and there's a quality-related structure for it

## **Practical Next Steps**

## Internal Quality Management For CFACs

## **Clearly Define:**

- How CFAC wants to do quality management
- How CFAC wants to be involved in other partners' quality management systems
- Simple, but clear, goals & processes
- Lead CFAC member to guide QM related activities
- PROTECT against burn-out!
  - Pick those things most important
  - Invite help from other consumers & families

## **Practical Next Steps**

## **External Quality Management**

## **CFAC External QM**

Overall Goal: improved stability, improved quality of life, successful community integration, person's own recovery goals

- Outcomes (individual and system)
- Individual satisfaction with services & goal attainment
- Enough services to meet system need
- Service access, availability
- Relationship with providers & LME
- Funding
- Service development & enhancement

### **CFAC Needs**

- Increase consumer participation (beyond CFAC members) in all QM activities
- Specific definitions of these things
- Clear ways to measure
- Actual data
- Ways to review & trend data
- Ways to share data with partners & as advocates
- Collaborate with other CFACs to set up common systems and share the work load

## **Provider External QM**

Overall Goal: Satisfied consumers who are meeting their own recovery goals

- Service access & availability
  - Access standards
  - Adequate number, type & location of services to meet needs
- Outcomes:
  - Individual consumer
  - Service level & type (outcomes within service level, outcomes related to movement across service levels)
  - Service location, work unit, etc
- Ways to track & improve services to high needs or atrisk consumers

- Productivity
- Documentation:
  - Medical necessity
  - Recovery
  - Billing/reimbursement
- Compliance with LME & Division expectations
- Consumer satisfaction
- Complaints, grievances, critical incidents
- Utilization management
- Financial sustainability of services and agency

#### **Provider Needs**

- Clear QM system in place with dedicated lead person
   & QM committee & subcommittees
- Clearly defined policies, processes & feedback loops
- Direct access to CEO and executive management
- Quality culture
- Small organizations may benefit from partnering with others to share systems & work load

## **LME External QM**

Overall Goal: Adequate, quality service array to ensure appropriate, community-based, recovery-oriented care

- Clear local strategic direction
- Current needs assessment
- Population data & trends:
  - Penetration & utilization numbers & trends
  - Consumer needs & movements across services & service levels
  - Outcomes
- Network adequacy information
- Network compliance & performance information

- Service denials, appeals
- Complaints, grievances, critical incidents

#### **LME Needs**

- Clear QM systems in place, both distinct work unit & integrated fully into all other work units
- QM Committees
- Clearly defined policies, processes & feedback loops
- Direct access to CEO and executive management
- Quality culture

## **Division External QM**

System that successfully achieves system goals & statewide strategic direction

- Clear state-wide strategic direction
- State-wide needs assessment
- State-wide population data & trends:
  - Penetration & utilization numbers & trends
  - Consumer needs & movement across services & service levels
  - Outcomes
- State-wide network adequacy information
- LME & provider compliance & performance data

- State-wide service denials, appeals
- Consumer & provider complaints, grievances, critical incidents, etc.

#### **Division Needs**

- Clear QM systems in place, both distinct work unit & integrated fully into all other work units
- Clearly defined policies, processes & feedback loops throughout
- Direct access to Director and executive management
- Quality culture

Jeanne Supin
Watauga Consulting
jeanne@supin.com
828-265-0367